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**Exempt Organization Business Income Tax Return**  
(and proxy tax under section 6033(e))

Department of the Treasury  
Internal Revenue Service

For calendar year 2011 or other tax year beginning 7/1/2011, and ending 6/30/2012 ▶ See separate instructions.

Open to Public Inspection for 501(c)(3) Organizations Only

<input type="checkbox"/> Check box if address changed	Print or Type	Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions)	D Employer identification number (Employees' trust, see instructions)
B Exempt under section		Martin Luther King Jr. Community	
<input checked="" type="checkbox"/> 501 ( C ) ( 3 ) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)		Number, street, and room or suite no If a P O box, see instructions 355 N Court Street City or town, state, and ZIP code Rockford IL 61103	E Unrelated business activity codes (See instructions) 532420

C Book value of all assets at end of year 22,747

F Group exemption number (See instructions.) ▶

G Check organization type ▶  501(c) corporation  501(c) trust  401(a) trust  Other trust

H Describe the organization's primary unrelated business activity. ▶

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? . . . . ▶  Yes  No  
If "Yes," enter the name and identifying number of the parent corporation. ▶

J The books are in care of ▶ Rev. Charles Collins II Telephone number ▶ (815) 233-9915

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a	Gross receipts or sales			
b	Less returns and allowances			
	c Balance ▶	0		
2	Cost of goods sold (Schedule A, line 7)			
3	Gross profit. Subtract line 2 from line 1c	0		0
4 a	Capital gain net income (attach Schedule D)			
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	1,267		1,267
c	Capital loss deduction for trusts			
5	Income (loss) from partnerships and S corporations (attach statement)			
6	Rent income (Schedule C)			
7	Unrelated debt-financed income (Schedule E)			
8	Interest, annuities, royalties, and rents from controlled organizations (Schedule F)			
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)			
10	Exploited exempt activity income (Schedule I)			
11	Advertising income (Schedule J)			
12	Other income (See instructions; attach schedule.)			
13	Total. Combine lines 3 through 12	1,267	0	1,267

**Part II Deductions Not Taken Elsewhere** (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)

14	Compensation of officers, directors, and trustees (Schedule K)			
15	Salaries and wages			
16	Repairs and maintenance			
17	Bad debts			
18	Interest (attach schedule)			
19	Taxes and licenses			
20	Charitable contributions (See instructions for limitation rules.)			
21	Depreciation (attach Form 4562)	21		
22	Less depreciation claimed on Schedule A and elsewhere on return	22a		22b
23	Depletion			
24	Contributions to deferred compensation plans			
25	Employee benefit programs			
26	Excess exempt expenses (Schedule I)			
27	Excess readership costs (Schedule J)			
28	Other deductions (attach schedule)			
29	Total deductions. Add lines 14 through 28			0
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13			1,267
31	Net operating loss deduction (limited to the amount on line 30)			
32	Unrelated business taxable income before specific deduction. Subtract line 31 from line 30			1,267
33	Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions.)			1,000
34	Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32			267

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**Part III Tax Computation**

<b>35 Organizations Taxable as Corporations.</b> See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here <input type="checkbox"/> See instructions and:		
<b>a</b> Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order): (1) \$ _____ (2) \$ _____ (3) \$ _____		
<b>b</b> Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) . . . . . \$ _____ (2) Additional 3% tax (not more than \$100,000) . . . . . \$ _____		
<b>c</b> Income tax on the amount on line 34 . . . . .	<b>35c</b>	40
<b>36 Trusts Taxable at Trust Rates.</b> See instructions for tax computation. Income tax on the amount on line 34 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041) . . . . .	<b>36</b>	
<b>37 Proxy tax.</b> See instructions . . . . .	<b>37</b>	
<b>38 Alternative minimum tax . . . . .</b>	<b>38</b>	
<b>39 Total.</b> Add lines 37 and 38 to line 35c or 36, whichever applies . . . . .	<b>39</b>	40

**Part IV Tax and Payments**

<b>40 a</b> Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) . . . . .	<b>40a</b>		
<b>b</b> Other credits (see instructions) . . . . .	<b>40b</b>		
<b>c</b> General business credit. Attach Form 3800 (see instructions) . . . . .	<b>40c</b>		
<b>d</b> Credit for prior year minimum tax (attach Form 8801 or 8827) . . . . .	<b>40d</b>		
<b>e Total credits.</b> Add lines 40a through 40d . . . . .	<b>40e</b>		0
<b>41</b> Subtract line 40e from line 39 . . . . .	<b>41</b>		40
<b>42</b> Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule)	<b>42</b>		
<b>43 Total tax.</b> Add lines 41 and 42 . . . . .	<b>43</b>		40
<b>44 a</b> Payments: A 2010 overpayment credited to 2011 . . . . .	<b>44a</b>		
<b>b</b> 2011 estimated tax payments . . . . .	<b>44b</b>		
<b>c</b> Tax deposited with Form 8868 . . . . .	<b>44c</b>		
<b>d</b> Foreign organizations: Tax paid or withheld at source (see instructions) . . . . .	<b>44d</b>		
<b>e</b> Backup withholding (see instructions) . . . . .	<b>44e</b>		
<b>f</b> Credit for small employer health insurance premiums (Attach Form 8941) . . . . .	<b>44f</b>		
<b>g</b> Other credits and payments: <input type="checkbox"/> Form 2439 _____ <input type="checkbox"/> Form 4136 _____ <input type="checkbox"/> Other _____ Total ▶	<b>44g</b>		0
<b>45 Total payments.</b> Add lines 44a through 44g . . . . .	<b>45</b>		0
<b>46</b> Estimated tax penalty (see instructions). Check if Form 2220 is attached . . . . . <input type="checkbox"/>	<b>46</b>		
<b>47 Tax due.</b> If line 45 is less than the total of lines 43 and 46, enter amount owed . . . . .	<b>47</b>		40
<b>48 Overpayment.</b> If line 45 is larger than the total of lines 43 and 46, enter amount overpaid . . . . .	<b>48</b>		0
<b>49</b> Enter the amount of line 48 you want <b>Credited to 2012 estimated tax</b> ▶ <b>Refunded</b> ▶	<b>49</b>		0

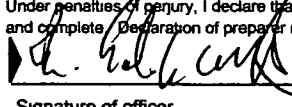
**Part V Statements Regarding Certain Activities and Other Information (see instructions)**

<b>1</b> At any time during the 2011 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here ▶	Yes	No
<b>2</b> During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file.		X
<b>3</b> Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$		

**Schedule A—Cost of Goods Sold. Enter method of inventory valuation ▶**

<b>1</b> Inventory at beginning of year . . . . .	<b>1</b>		<b>6</b> Inventory at end of year . . . . .	<b>6</b>	
<b>2</b> Purchases . . . . .	<b>2</b>		<b>7</b> Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2 . . . . .	<b>7</b>	0
<b>3</b> Cost of labor . . . . .	<b>3</b>		<b>8</b> Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? . . . . .	Yes	No
<b>4 a</b> Additional section 263A costs (attach schedule) . . . . .	<b>4a</b>				X
<b>b</b> Other costs (attach schedule) . . . . .	<b>4b</b>				
<b>5 Total.</b> Add lines 1 through 4b . . . . .	<b>5</b>	0			

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

**Sign Here**  **Executive Director**  
 Signature of officer Date Title

May the IRS discuss this return with the preparer shown below (see instructions)?  Yes  No

**Paid Preparer Use Only**  
 Pnnt/Type preparer's name Patricia Anderson Preparer's signature Patricia Anderson Date 3/12/2013  
 Check  if self-employed PTIN P00963034  
 Firm's name Patricia Anderson, CPA Firm's EIN  
 Firm's address 422 E. Hill Street, Genoa, IL 60135 Phone no 815 784-3355

**Schedule C—Rent Income (From Real Property and Personal Property Leased With Real Property)**

(see instructions)

1. Description of property		
(1)		
(2)		
(3)		
(4)		
2. Rent received or accrued		3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	
(1)		
(2)		
(3)		
(4)		
Total	0	0
(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A)		(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)
		0

**Schedule E—Unrelated Debt-Financed Income (see instructions)**

1. Description of debt-financed property		2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property	
			(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)	0			
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%	0	0
(2)		%	0	0
(3)		%	0	0
(4)		%	0	0
Totals			Enter here and on page 1, Part I, line 7, column (A).	Enter here and on page 1, Part I, line 7, column (B).
			0	0
Total dividends-received deductions included in column 8				

**Schedule F—Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)**

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations				
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5	
(1)	0					
(2)						
(3)						
(4)						
Nonexempt Controlled Organizations		7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)						
(2)						
(3)						
(4)						
Totals					Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).
					0	0

**Item F (990) - Name and Address of Principal Officer**

Name Rev. Charles Collins II, Executive Director			Phone Number (815) 540-8403
Address 355 N. Court Street			Foreign Country
City, Town, or Post Office Rockford	State IL	Zip Code 61103	Check ("X") if a business <input type="checkbox"/>

**Item M (990) - State of Legal Domicile**

State IL	Foreign Country
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**Part VI, Line 17 (990) - States with Which a Copy of this Form 990 is Required to be Filed**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Armed Forces the Americas      | <input type="checkbox"/> Louisiana                                    | <input type="checkbox"/> Palau               |
| <input type="checkbox"/> Armed Forces Europe            | <input type="checkbox"/> Massachusetts                                | <input type="checkbox"/> Rhode Island        |
| <input type="checkbox"/> Alaska                         | <input type="checkbox"/> Maryland                                     | <input type="checkbox"/> South Carolina      |
| <input type="checkbox"/> Alabama                        | <input type="checkbox"/> Maine  | <input type="checkbox"/> South Dakota        |
| <input type="checkbox"/> Armed Forces Pacific           | <input type="checkbox"/> Marshall Islands                             | <input type="checkbox"/> Tennessee           |
| <input type="checkbox"/> Arkansas                       | <input type="checkbox"/> Michigan                                     | <input type="checkbox"/> Texas               |
| <input type="checkbox"/> American Samoa                 | <input type="checkbox"/> Minnesota                                    | <input type="checkbox"/> Utah                |
| <input type="checkbox"/> Arizona                        | <input type="checkbox"/> Missouri                                     | <input type="checkbox"/> Virginia            |
| <input type="checkbox"/> California                     | <input type="checkbox"/> Commonwealth of the Northern Mariana Islands | <input type="checkbox"/> U.S. Virgin Islands |
| <input type="checkbox"/> Colorado                       | <input type="checkbox"/> Mississippi                                  | <input type="checkbox"/> Vermont             |
| <input type="checkbox"/> Connecticut                    | <input type="checkbox"/> Montana                                      | <input type="checkbox"/> Washington          |
| <input type="checkbox"/> District of Columbia           | <input type="checkbox"/> North Carolina                               | <input type="checkbox"/> Wisconsin           |
| <input type="checkbox"/> Delaware                       | <input type="checkbox"/> North Dakota                                 | <input type="checkbox"/> West Virginia       |
| <input type="checkbox"/> Florida                        | <input type="checkbox"/> Nebraska                                     | <input type="checkbox"/> Wyoming             |
| <input type="checkbox"/> Federated States of Micronesia | <input type="checkbox"/> New Hampshire                                |  |
| <input type="checkbox"/> Georgia                        | <input type="checkbox"/> New Jersey                                   |  |
| <input type="checkbox"/> Guam                           | <input type="checkbox"/> New Mexico                                   |  |
| <input type="checkbox"/> Hawaii                         | <input type="checkbox"/> Nevada                                       |  |
| <input type="checkbox"/> Iowa                           | <input type="checkbox"/> New York                                     |  |
| <input type="checkbox"/> Idaho                          | <input type="checkbox"/> Ohio   |  |
| <input checked="" type="checkbox"/> Illinois            | <input type="checkbox"/> Oklahoma                                     |  |
| <input type="checkbox"/> Indiana                        | <input type="checkbox"/> Oregon                                       |  |
| <input type="checkbox"/> Kansas                         | <input type="checkbox"/> Pennsylvania                                 |  |
| <input type="checkbox"/> Kentucky                       | <input type="checkbox"/> Puerto Rico                                  |  |

**Sch K (990-T) - Compensation of Officers, Directors, and Trustees** **Total >** **0**

	(a) Name of officer	(b) Title	(c) Percent of time devoted to business	Percent of corporation stock owned		(f) Amt of compensation
				(d) Common	(e) Preferred	
1	Mr. Earl Moss	Chairman	1.00%	0.00%	0.00%	- 0 -
2	Rev. Charles W. Collins II	Executive Director	100.00%	0.00%	0.00%	108,495
3	Mrs. Maria Hawley	Vice Chairman	1.00%	0.00%	0.00%	- 0 -
4	Mr. James Smith	Treasurer	1.00%	0.00%	0.00%	- 0 -
5	Rev. Darnell Thomas	Secretary	1.00%	0.00%	0.00%	- 0 -
6	Rev. Robert Varner	Director	1.00%	0.00%	0.00%	- 0 -
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